

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

M b chiao Sung.

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Louts DeJoy.

Postmaster General.

U.S.P.S.

Do you want a jury trial?

Yes No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

/ Total nine items

I. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Mo</u>	<u>C.</u>	<u>Sung.</u>
First Name	Middle Initial	Last Name
<u>456 Wellington Rd.</u>		
Street Address		
<u>Mineola</u>	<u>NY</u>	<u>11501</u>
County, City	State	Zip Code
<u>(516) 605-7058</u>	<u>Chiao6898@yahoo.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Doug Palma, management Rep.</u>		
	Name		
	<u>41-65 Main St.</u>		
	Address where defendant may be served		
	<u>Flushing</u>	<u>NY</u>	<u>11355</u>
	County, City	State	Zip Code

Defendant 2:	<u>Harry Carney Union 294 Vice Preside</u>		
	Name		
	<u>61-34 188 St #209.</u>		
	Address where defendant may be served		
	<u>Fresh Meadows</u>	<u>NY</u>	<u>11365</u>
	County, City	State	Zip Code

ad - 71-35 Metropolitan Ave
Queens - NY 11379.

Defendant 3:

Judy Lin. Supervisor. M-P-O.

Name

41-65 Main St.

Address where defendant may be served

Flushing NY 11355-

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

U.S.P.S M.P.O.

Name

41-65 Main St.

Address

Flushing NY 11355-

County, City

State

Zip Code

III. CAUSE OF ACTION

A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

race:

I was treated different and discrimination than other citizens.

color:

religion:

sex:

national origin:

- 42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: Asian Chinese

- Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1958.

- Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: Job related injury, gastric cancer

- Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: Job related injury, cancer, MDD.

- Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

- New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

- Other (may include other relevant federal, state, city, or county law):

DWCP labor Law u.s.p.s not follow

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

- ① 2013, Job offer with 2 stations heavy volume and not promote, violation job even more access volume than regular full duty employee. see attached
- ② 2015 U.S.P.S assigned me to station A which not busy station after few days U.S.P.S told me there are no job for me and sent me home. 2015/8. U.S.P.S changed my location to M.P.D. which hundred heavy job volume

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

the. station A. and violation job offer for limited duty worker. and created my Gastric cancer due to stress.

(3) after I remove my cancer tumor back to work with

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 6/17/00, 1/27/2014, 4/25/2020.
 No all connected with discriminations, retaliation,
since then.

Have you received a Notice of Right to Sue from the EEOC?

- Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/26/2022.

When did you receive the Notice? 9/30/2022.

- No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me
 direct the defendant to re-employ me
 direct the defendant to promote me
 direct the defendant to reasonably accommodate my religion
 direct the defendant to reasonably accommodate my disability
 direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

I was psychiatric violence, job offer violations.
discriminations by U.S.P.S for over years.
created my injury, gastric cancer, mental
disorder M.D.D. Due to job related
see Doctor report, legal documents, attached
that I believed I am entitled to money
damages.

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11/30/2022</u>	<u>Mo chiao S.S</u>	
Dated	Plaintiff's Signature	
<u>Mo</u>	<u>Chiao</u>	<u>Sung</u>
First Name	Middle Initial	Last Name
<u>456 Wellington Rd.</u>		
Street Address		
<u>Minocqua</u>	<u>NY</u>	<u>11501</u>
County, City	State	Zip Code
<u>(516) 605-7058</u>		
Telephone Number	<u>chiao6898@yahoo.com</u>	
	Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC case no. 4B-110-0061-20.denied on 9/26/2022.

File civil court for discrimination after EEOC denied.

Ref:Up date statements for USPS discriminations for employee, MO CHIAO SUNG since 1998 until current.

Honorable Judges. Please review the

Fact discriminations as follow

1. Job violations ,discriminations since 2013,2015,2017,aggravated my injuries also created new injury.
2. Discriminations base by age, race,disability, psychiatric violence
3. Removal without legal documents. And against FMLA, medical documents for disability job related. There are no absent issue .Claimant submitted legal medical disability documents every month updated to OWCP and USPS injury comp office which accepted by OWCP. I am protected by OWCP system, I reported to OWCP. the answer is OWCP can't stop USPS and adk me to file EEOC. USPS made false statements. Even more UNION neglect my evidence and endorsed USPS to remove me. It's sad
4. Filed a grievance, not solved .NO OWCP ordered USPS removed me is against law and illegal.
5. Statements facts for discriminations by date occurred.
6. Medical report support totally permanent disability since 2017 job related injury.
7. Retaliations for previous EEOC filed.
8. Legal documents indicating my injury combined case due to USPS psychiatric violence created gastric cancer, MDD. Recurrence previous injury.
9. I would like to have jury trial.
10. Tears, bloody.hopeless, cover in wound all over me with USPS working history .USPS push me into dead corner. Even end my life after I diagnosed gastric cancer due to work stressed removed tumor then back to work within 3 weeks but USPS didn't change. I was totally desperately. The only way for me is just follow the systems to have justice obtained. It's hard but EEOC is a systems.
11. I also filed MSPB try the best I can do to follow the systems.
12. Above mentioned as my knowledge I have all the documents to support my complaint by the facts. SEE ATTACHED
13. Most evidence to prove Claimant MO CHIAO SUNG was harassed, psychiatric violence, discrimination... .on filed in EEOC.
14. Too much to say so I need jury to describe my situations more clearly to have fair judgement for both side without prejudice.

Honorable Judge please review my case with deliberation and kindly make fair judgement.

Sincerely your MO CHUAO SUNG

Best regard

11/28/2022

Mo chiao Sung
11/28/2022



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Office of Federal Operations
P.O. Box 77960
Washington, DC 20013**

Mo C. Sung, a/k/a

Arthur S.¹

Complainant,

v.

Louis DeJoy,
Postmaster General,
United States Postal Service
(Field Areas and Regions),
Agency.

Request No. 2022003071

Appeal No. 2021001097

Hearing No. 520-2020-00517X

Agency No. 4B-110-0061-20

DECISION ON REQUEST FOR RECONSIDERATION

Complainant timely requested that the Equal Employment Opportunity Commission (EEOC or Commission) reconsider its decision in EEOC Appeal No. 2021001097 (May 11, 2022). EEOC regulations provide that the Commission may, in its discretion, grant a request to reconsider any previous Commission decision issued pursuant to 29 C.F.R. § 1614.405(a), where the requesting party demonstrates that: (1) the appellate decision involved a clearly erroneous interpretation of material fact or law; or (2) the appellate decision will have a substantial impact on the policies, practices, or operations of the agency. See 29 C.F.R. § 1614.405(c).

During the relevant time, Complainant worked as a City Letter Carrier, Q-1, at the Agency's Flushing New York Post Office in Flushing, New York. Believing that he was issued a Notice of Removal based on his race (Asian), color (yellow), age (over 40), disability (back, gastric cancer), and in reprisal for prior EEO activity, Complainant filed a formal complaint.

¹ This case has been randomly assigned a pseudonym which will replace Complainant's name when the decision is published to non-parties and the Commission's website.

Following an investigation, Complainant requested a hearing before an EEOC Administrative Judge (AJ). The AJ issued a decision without a hearing finding no discrimination. The Agency subsequently issued a final order fully adopting the AJ's decision. Complainant appealed the decision to the Commission.

In EEOC Appeal No. 2021001097, we found Complainant had failed to establish any genuine material facts in dispute and failed to show he was subjected to discrimination as alleged. Our prior decision noted that Complainant was issued a Notice of Removal due to his continued failure to report to work, refusal to provide acceptable medical documentation to support his absence, and failure to appear for pre-disciplinary interviews. Complainant did not show that he was treated differently than other similarly situated employees regarding the removal. Complainant had not established, by a preponderance of the evidence, that the Agency's action was motivated by discrimination.

Complainant filed the instant request for reconsideration, but did not provide any contentions or statement in support of his request.

In order to merit the reconsideration of a prior Commission decision, the requesting party must submit written argument or evidence which tends to establish that at least one of the criteria of 29 C.F.R. §1614.407(c) is met. The Commission's scope of review on a request for reconsideration is narrow. Lopez v. Dep't. of the Air Force, EEOC Request No. 05890749 (September 28, 1989). A request for reconsideration is not merely a form of a second appeal. Regensberg v. U.S. Postal Serv., EEOC Request No. 05900850 (September 7, 1990). Instead, it is an opportunity to submit newly discovered evidence, not previously available; to establish substantive error in a previous decision; or to explain why the previous decision will have effects beyond the case at hand. Lyke v. U.S. Postal Serv., EEOC Request No. 05900769 (September 27, 1990). Complainant has not done so here.

After reviewing the previous decision and the entire record, the Commission finds that the request fails to meet the criteria of 29 C.F.R. § 1614.405(c), and it is the decision of the Commission to DENY the request. The decision in EEOC Appeal No. 2021001097 remains the Commission's decision. There is no further right of administrative appeal on the decision of the Commission on this request.

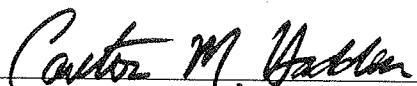
COMPLAINANT'S RIGHT TO FILE A CIVIL ACTION (P0610)

This decision of the Commission is final, and there is no further right of administrative appeal from the Commission's decision. You have the right to file a civil action in an appropriate United States District Court **within ninety (90) calendar days** from the date that you receive this decision. If you file a civil action, you must name as the defendant in the complaint the person who is the official Agency head or department head, identifying that person by his or her full name and official title. Failure to do so may result in the dismissal of your case in court. "Agency" or "department" means the national organization, and not the local office, facility or department in which you work.

RIGHT TO REQUEST COUNSEL (Z0815)

If you want to file a civil action but cannot pay the fees, costs, or security to do so, you may request permission from the court to proceed with the civil action without paying these fees or costs. Similarly, if you cannot afford an attorney to represent you in the civil action, you may request the court to appoint an attorney for you. **You must submit the requests for waiver of court costs or appointment of an attorney directly to the court, not the Commission.** The court has the sole discretion to grant or deny these types of requests. Such requests do not alter the time limits for filing a civil action (please read the paragraph titled Complainant's Right to File a Civil Action for the specific time limits).

FOR THE COMMISSION:


Carlton M. Hadden, Director
Office of Federal Operations

September 26, 2022

Date

CERTIFICATE OF MAILING

For timeliness purposes, the Commission will presume that this decision was received within five (5) calendar days after it was made available to the parties. I certify that on the date below this decision was provided to the following recipients via the means identified for each recipient:

Mo C. Sung
456 Wellington Rd
Mineola, NY 11501
Via U.S. Mail

U.S. Postal Service (Field Areas and Regions)
NEEOISO - Appeals
U.S. Postal Service
Via FedSEP

September 26, 2022

Date



Compliance and Control Division

Honorable Judge thanks for your reviews my cases in details and allowed to combine, deeply appreciated.

EEOC complain Discriminations facts of statement?

Following events connected with USPS management treat me, mo chiao sung, without respectful, humiliation, discrimination etc..... During working history in USPS.

1, 10/12/1999.I hold down Rout #36, supervisor Mr Tam Talk to public I don't know How to rack the mails. Worker laugh.

2, 3/27/2000 management ,Supervisor Mr Tam in the Lobby talked to me loud and Ordered me to retraining Since I already working for 2 Years, coworkers laugh, I am Humiliated .

3, 7/12/2013 sent me home Years and back to work in Register window, handle 2 Stations mails, manage Mr Honk and supervisor Ricky came to the window Mr Honk talked to Ricky Sound with discrimination Unrespecte this guy Only do 3 hours. I am Accepted by OWCP 3/hrs Limited duty not deserve By management to treat Me without respect and Humiliation by USPS I really felt discriminate I followed OWCP rule.Even work with no Dignity.

4, 8/16/2013 ,new job offer Need me handling 2 stations Mails and finished without Mistake in short time. I asked Manager Mr Honk to give Me help he yell and loud To me in lobby you only do 3/hr Don't need a help. I need to Handle over hundreds mails, Packages, certified, keys, Scanners in correct locations When carriers rushed back To office rush to clock out Rush to hand in the mails in Register window.

5, when I back to work after Gastric cancer surgery USPS sent me to middle village station as lobby director. On 5/18/2017, supervisor Mrs ^{Juli} ~~Judy~~ Ni came out to lobby in front of customers threaten on me I'll get into trouble I really feel humiliated and customers talk to me why she is so rude.

6, 6/22/2017 supervisor Mrs ^{Juli} ~~Judy~~ Ni lead me to the office there are 2 post detectives question me with my injury medical treatment in details I was shocked and frightened.

Juli
7, 1/11/2020 ,I went to the MPO to see manager asked for copy of my ca 1 filed form, MPO supervisor ~~Juli~~ open the door with small space when I want get into the lobby she stop and push me out and yell on me You are not allow to step in MPO and refused to give to me ca1 copy and see manager, not consider I am part of USPS employee.

8, 10/8/2019.I filed A grievances, I told union I am under OWCP recurrence. protect by law and OWCP ,USPS need to contact OWCP for any reason regarding injured job related worker. I contacted OWCP now I am waiting for OWCP response .

OWCP didn't response me for the issue .just sent me to second opinion 7/21/2020 to Dr Sultan MD for evaluation. USPS did not wait the reasonable reason I told them and with UNION endorsed to sign the removal letter illegally

I'm in USPS and join UNION over 20 years, then they are against me together to remove me illegally, OWCP asked me to file EEOC.

3

On 4/7/2020 MPO MANAGER JANNETH CANCEL refuse to answer the investigation question. See attached.

For past 20 years in USPS, OWCP program I follow every order or rule, but they do illegally or violation what ever they want but not me .

untill now I am still follow and not even over any violation. USPS removed me illegally. For me I just defense myself not trying to against any party.

OWCP didn't order me back to USPS. And USPS keeping sending me letter... ..that's threatened, psychiatric violence... cause my mental issue, I worked, USPS psychiatric violence on me, I am out .under recurrence statuses, USPS psychiatric violence on me too , USPS not really want me do the job, USPS want to destroy me. I am not agree USPS + UNION removed me on 2/5/2020 illegally. OWCP can't do anything just ask me to file EEOC. OWCP should help injury worker to prevent further damage .But not. Hopeless , even After Gastric cancer surgery 20 days I still back to work with worsens injury body, I use my life to work but USPS in human treated on me. I am really hopeless. Who can stop USPS.

See attached a grievances, e-mail to NALC Head quarter President.

Above mentioned just few of events, too much to mention, for 20 years working history and I had witness to support how USPS treated on me for my working history. I don't want to die in USPS with inhuman treatment on me, it's enough.

Tears with humiliation, discrimination, abuse, psychiatric violence. All over my body. It's enough.... ..

Mo Chiao Sung. Sincerely yours 11/25/2022 god bless America,

Mo Chiao Sung

11/29/2022

12/20/2020

Pleading Submitted - Confirmation



U.S. MSPB Merit Systems Protection Board
e-Appeal Online

December 20, 2020

My Account

Additional Pleading in this Case

Pleading in Another Case

Tech Support

Save & Exit

Submission Confirmation

Your pleading has been successfully submitted. Please select one of the following three options, or exit the application from the menu on the left.

Filer's Logon Name: CHIAO6898

Filer's Name: Mo Chiao Sung

Submission Date: 12/20/2020 12:03 PM

Confirmation Number: 1363236761

Pleading Number: 2020053254

MSPB Office: Office of the Clerk of the Board

ATTENTION: Pleadings do not always post immediately. Please do NOT resubmit if you received a confirmation.

Note: NEW Options available for additional pleadings; see toolbar above.

Print Confirmation Details

Print Submitted Pleading

Comments on e-Appeal

~~D.C. 202-756-4406 X~~

D.C.

M.S.PB Main: 202-653-7200

Duct no: NY 0752 21 0021 I,

MSPB@MSPB.



Allegations of Discrimination Based on Age

Case No.

4B-110-006720

To: (Full Name and Address)

Mo chiao Sung
456 wellington Rd minneola
new York NY 11501

The Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination in employment on the basis of age (40 years or older). The ADEA allows persons claiming age discrimination a procedural choice that is not available for claims of discrimination based on sex, race, color, religion, national origin, disability or genetic information. The following information is being provided to you to explain the procedures concerning age discrimination.

When you have a complaint of age discrimination, you may either:

Use the administrative complaint process for your age discrimination complaint just as you would for complaints of discrimination based on sex, race, color, religion, national origin, disability, or genetic information.

OR

Forgo the administrative complaint process and file a civil action in an appropriate U.S. District Court.

A. If you choose to file a formal EEO complaint, you must submit PS Form 2565 to the following address:

NEEOISO - FORMAL COMPLAINTS
U.S. POSTAL SERVICE
P.O. BOX 21979
TAMPA FL 33622-1979

If you file a formal EEO complaint, you will still have the right to file a civil action if you are not satisfied, but you will be required to participate in the administrative process to a certain point before you do so. If you file a formal EEO complaint, you will not be able to file a civil action until: (1) 180 days after filing a complaint, if the Postal Service™ has not taken final action and you have not filed an appeal with the Equal Employment Opportunity Commission ("EEOC"); (2) 180 days after filing an appeal with the EEOC if the EEOC has not issued a final decision; (3) the Postal Service issues a final action on your complaint that you do not appeal; or (4) the EEOC issues a final decision on your appeal.

Numbers (3) and (4) above not only permit the filing of a civil action, they also serve to limit the time frame you have to do so. No matter when you were first able to file a civil action, it must be filed within 90 days from the date on which the Postal Service issues a final action on your complaint that you do not appeal to the EEOC, or within 90 days from the date on which the EEOC issues a final decision on your complaint if you do appeal.

B. If you choose to forgo the administrative complaint process and file a civil action, you must file a notice of intent to sue with the Office of Federal Operations, Equal Employment Opportunity Commission.

Your Notice of intent to sue must be mailed to the EEOC at the following address:

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
OFFICE OF FEDERAL OPERATIONS
FEDERAL SECTOR PROGRAMS
P.O. BOX 77960
WASHINGTON DC 20013-8960

or delivered to:

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
OFFICE OF FEDERAL OPERATIONS
FEDERAL SECTOR PROGRAMS
131 M STREET, NE, SUITE 5SW12G
WASHINGTON DC 20507-0004

or faxed (if no more than 10 pages) to:

OFFICE OF FEDERAL OPERATIONS
FEDERAL SECTOR PROGRAMS
(202) 663-7022

C. You must file the notice within 180 calendar days from the date of the alleged discriminatory action. Once you have filed a timely notice of intent to sue with the EEOC, you must wait thirty (30) calendar days before filing a civil action, and there is a time frame on how long you can wait after that to file a civil action. Exactly how long you have depends on the law where your civil action is filed, so it is important that you consult with an attorney to be sure your civil action is filed on time.

The notice of intent to sue should be dated and must contain the following information:

- (1) Statement of intent to file a civil action under 29 U.S.C. 633a of the Age Discrimination in Employment Act of 1967, as amended;
- (2) Your name, address, and telephone number;
- (3) Name, address, and telephone number of your designated representative, if any;
- (4) Name and location of the Postal Service facility where the alleged discriminatory action occurred;
- (5) Date on which the alleged discriminatory action occurred;
- (6) Statement of the nature of the alleged discriminatory action(s); and
- (7) Your signature or your representative's signature.

Signature of Dispute Resolution Specialist

Date issued

Your Signature

Date Received

M. M. Blum 10/26/2022 *Mo chiao Sung*

10/26/2022

EEO Dispute Resolution Specialist's (DRS) Inquiry Report

Continuation Sheet

PS Form 2570

On 04/07/20 Mrs. Janneth Cancel (Hispanic Female, Non-Disabled 40+) Manager Customer Service

EAS-22 was contacted at the Flushing Main Post Office at 4165 Main Street, Flushing, NY 11355-9998

Manager Cancel failed to respond to the Counselee's allegation of discrimination in his request for EEO counseling.

Signature of EEO Dispute Resolution Specialist:

PS Form 2570, August 2012 (Page 4 of 4)

Daniel K. Cawood

Date: 05/06/2020

Case Number 022000781

Mr. Stephen Larkin
13665 Winterspoon Lane
Germantown, MD 20874
(Cell) (917) 575-7500
(Fax) (240)912-9978
Larkinconsultingllc@gmail.com

**US Department of Labor
Office of Workers' Comp Programs
DOL DFEC Mailroom
PO Box 8311
London, KY 40742-8311**

**September 4, 2022
Reconsideration Request
Case Number 022000781**

Claimant-Mochiao Sung

To Whom It May Concern:

On behalf of Mr. Mochiao Sung, I am requesting a reconsideration of the September 10, 2021 decision denying the expansion of Mr. Sung's expansion of psychological claim which was acknowledged on April 22, 2021 based on a medical note of March 25, 2021.

The reconsideration is based on new argument.

The Notice of Decision denied expansion of the case based on a new claim submitted under case # 550087932. It was stated that appeal should be done under that case number.

A hearing was done on case # 550087932 on 1/11/2022.

By decision of March 18, 2022, the Hearing Officer in that decision stated "As the issue of a consequential emotional injury and a prior emotional injury cross several claim files, the Office should administratively combine the records for historical completeness. The Office should administratively combine the instant record with existing master record 022000781, also combining the previously denied stress claim in file 024011782."

Therefore, it is requested that a *de novo* decision of September 10, 2010 is to be made reversing the decision and developing the expansion of the claim under case # 022000781 by Mochiao Sung for psychological conditions. Thank you.

Yours truly,

Stephen Larkin *LL* *Medical Documents*

**METROPOLITAN MEDICAL & REHAB, P.C.
SAWEY HARHASH, MD, FAAP**

Board Certified Physical Medicine & Rehabilitation

Interventional Pain Specialist

Spine & Sports Medicine

Electrodiagnostic Studies

28-18 31st Street, Astoria New York 11102

1995 New York Ave. Huntington Station New York 11746

Nov. 22, 2022

To Whom It May Concern,

This is to certify that Mr. Mo Chiao Sung has been under our care since August 2020 due to work related injury on 08/01/2000. Patient is on Permanent Total Disability since July 2017.

If you have any further question, you can call us at (718) 424-8660. Thank you.

Sincerely,



Sawey A. Harhash MD. FAAPMR

License# 237111

Duty Status Report

U.S. Department of Labor
Office of Workers' Compensation Programs

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
Expires: 10-31-2014

OWCP File Number
(If known)

022000781

SIDE A - Supervisor: Complete this side and refer to physician				SIDE B - Physician: Complete this side		
1. Employee's Name (Last, first, middle) SUNG MOCHIAO				8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If not, describe) RECURRENT SYMPTOMS ON 10/24/13, 2/28/17, 7/17/17		
2. Date of Injury (Month, day, yr.) 08/01/2000				3. Social Security No. 080-82-7675		
4. Occupation LETTER CARRIER				9. Description of Clinical Findings NECK AND B/L SHOULDER PAIN, LIMITED ROM, SPASMS		
5. Describe How the Injury Occurred and State Parts of the Body Affected CERVICAL AND UPPER BACK PAIN, BILATERAL SHOULDER SPRAIN				10. Diagnosis Due to Injury CERVICAL HNPS		
6. The Employee Works Hours Per Day Days Per Week				11. Other Disabling Conditions LEFT CUBITAL TUNNEL SYN		
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or intermittently, and Give Number of Hours.				12. Employee Advised to Resume Work? <input type="checkbox"/> Yes, Date Advised _____ <input type="checkbox"/> No		
				13. Employee Able to Perform Regular Work Described on Side A? <input type="checkbox"/> Yes, If so <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time _____ Hrs Per Day <input type="checkbox"/> No, If not, complete below:		
Activity	Continuous	Intermittent		Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day	#lbs.	#lbs.	Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>	range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day
t. Other (Describe)				14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Describe)		
				15. Date of Examination 11/16/2022		16. Date of Next Appointment 12/14/2022
				17. Specialty FM		18. Tax Identification Number 874046710
				19. Physician's Signature <i>Atabanioki</i>		20. Date 11/16/22



Attending Physician's Report

U.S. Department of Labor

Office of Workers' Compensation Programs

Record of Examination

1. Patient's name SUNG	Last MOCHAIO	First MOCHAIO	Middle	2. Date of Injury mo. day yr. 08/01/2000	3. OWCP File Number 022000781	OMB No. 1240-0046 Expires: 05/31/2024
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4. What history of the employment injury (including disease) did the patient give to you?

NECK PAIN, BILATERAL SHOULDER AND WRIST PAIN AND WEAKNESS

5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment?
(If yes, please describe)
 Yes No

ICD Code(s)

6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)

C4/5&5/6 DISC HERNIATIONS, C5/6 RADICULOPATHY, BILATERAL SHOUDLER AND WRIST SPRAINS

7. What is your specific diagnosis(es) related to the employment activity?

CERVICALGIA,DISC HERNIATIONS,RADICULOPATHY,PARESTHESIA'S,MYALGIAS,SPRAINS

ICD Code(s)

8. Do you believe the condition(s) found was caused or aggravated by an employment activity as described in item 4.? (Please explain answer)

 Yes No

9. Did injury require hospitalization?

If no, go to item # 13

 Yes No

10. Date of admission

mo. day yr.

11. Date of discharge

mo. day yr.

12. Additional Hospitalization required

If Yes, describe in "Remarks"

(Item 25) Yes No

13. What treatment did you provide?

TRIGGER POINT INJECTION THERAPY

14. Date of first examination mo. day yr. 01/07/2022	15. Date(s) of treatment: mo. day yr. mo. day yr. mo. day yr.	16. Date of discharge from treatment mo. day yr.
------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------

17. Period of total disability From mo. day yr. Thru mo. day yr. 07/17/2017	18. Period of Partial Disability From mo. day yr. Thru mo. day yr.	19. Date employee able to resume light work mo. day yr.
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

20. Date employee is able to resume regular work mo. day yr.	21. Has employee been advised that he/she can return to work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. If yes, on what date was he/she advised? mo. day yr.
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #25 if necessary.)	24. Are any permanent effects expected as a result of this injury? If yes, describe in item #25. <input type="checkbox"/> Yes <input type="checkbox"/> No
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25. Remarks

26. If you have referred the employee to another physician provide the following: Name LEEZEL ANDRES	Specialty PHYSICAL THERAPY
---------------------------------------------------------------------------------------------------------	----------------------------

Address 133-29 41ST ROAD, STE 1A	27. What was the reason for this referral?
-------------------------------------	--------------------------------------------

City FLUSHING	State NY	ZIP 11355	<input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Treatment
---------------	----------	-----------	-------------------------------------------------------------------------------------

Signature

28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statements or any misrepresentation or concealment of material fact which is knowingly made may subject me to criminal prosecution.

Signature of Physician

ATABORRAKI

Date

11/16/22

29. Name of Physician ALI TABORRAKI	30. Tax ID Number 874-04-6710
-------------------------------------	-------------------------------

Address 333 BROADWAY STE 2	31. Do you specialize? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------------	--------------------------------------------------------------------------------------------

City AMITYVILLE	State NY	ZIP 11701	32. If yes, indicate specialty
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If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services.

ME-OW



Work Capacity Evaluation
Musculoskeletal Conditions

U.S. Department of Labor
Office of Workers' Compensation Programs

Injured Worker's Name (First, middle, last)

MOCHAIO SUNG

OWCP No.

022000781

OMB No:
Expires:1240-0046
05/31/2024

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions:

NECK PAIN, BILATERAL SHOULDER AND WRIST PAIN AND WEAKNESS

1a. Is the worker capable of performing his/her usual job without restriction? Yes No If no, please provide medical reasons to support your opinion in a narrative report.

CERVICALGIA, DISC HERNIATIONS, RADICULOPATHY, PARESTHESIA'S, MYALGIAS, SPRAINS

Many employers can readily accommodate medical restrictions including modified duty assignment(s) or assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his her usual job, is the claimant able to work for 8 hours per workday with physical restrictions? Yes No If no, please provide medical reasons to support your opinion in a narrative report.

c. If less than 8 hour per workday, how many can he/she work? 0

d. Do you anticipate an increase in the number of hours this person will be able to work? Yes No

e. If yes, when will this person achieve an 8 hour workday?

If no, please provide medical reasons to support your opinion in a narrative report.

f. How long will the restrictions apply?

g. Has maximum medical improvement been reached? Yes No

2a. Please review the Guidance for Physicians included on pages 2 and 3 of this form. Based on the parameters provided, please indicate whether this person is capable of working within any of the following Strength Levels:

Sedentary Yes No Light Yes No Medium Yes No Heavy Yes No Very Heavy Yes No

2b. If not, please indicate whether this person has any **LIMITATION** in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.
Sitting	<input type="checkbox"/> Yes	<input type="checkbox"/>	Repetitive Movements:	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Walking	<input type="checkbox"/> Yes	<input type="checkbox"/>	Wrists	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Standing	<input type="checkbox"/> Yes	<input type="checkbox"/>	Elbow	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Reaching	<input type="checkbox"/> Yes	<input type="checkbox"/>	Pushing	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Reaching above	<input type="checkbox"/> Yes	<input type="checkbox"/>	Pulling	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Shoulder	<input type="checkbox"/> Yes	<input type="checkbox"/>	Lifting	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Twisting	<input type="checkbox"/> Yes	<input type="checkbox"/>	Squatting	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Bending/Stooping	<input type="checkbox"/> Yes	<input type="checkbox"/>	Kneeling	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Operating Motor Vehicle at work	<input type="checkbox"/> Yes	<input type="checkbox"/>	Climbing	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Duration	<input type="checkbox"/>	<input type="checkbox"/>	Breaks: Duration	<input type="checkbox"/>	<input type="checkbox"/>	
Operating a Motor Vehicle to/from work	<input type="checkbox"/> Yes	<input type="checkbox"/>	Frequency	<input type="checkbox"/>	<input type="checkbox"/>	

3. If there are **OTHER** medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person, please explain in a narrative report.

4. Physician's Name (Type or print)

ALI

TABORRAKI

5. Telephone Number
(Include Area Code)

631-789-1900

6. Signature

7. Date

Sung, Mo Chiao

Psychiatric Evaluation

CONFIDENTIAL

Xu Z. Chen Psychiatrist PLLC

837 58th Street, 3rd Floor, Brooklyn NY 11220
6304 5th Avenue, 1st Floor, Brooklyn NY 11220
131-07 40th Road Level E, Ste. E25, Flushing, NY 11354
Email: drchen6304@gmail.com
Phone: 718-755-6450 Fax: 718-576-3391

James C.Y. Chou, M.D., DFAPA, ACPsych
Clinical Associate Professor of Psychiatry
Mount Sinai School of Medicine
Board Certified Psychiatrist (Geriatric)

(Jackie) Xu Zhang Chen, M.D.
Board Certified Psychiatrist

Psychiatric Evaluation

May 20, 2021

Applicant Data/patient Data

Name of Patient: Sung, Mo Chiao

Date of Birth: February 6, 1958

Place of Birth: Taiwan

Evaluation Period: 09/06/2020-05/19/2021

Evaluator's Credentials: see attached CV

Diagnosis: Major depressive disorder, recurrent, moderate (MDD) (F33.1)

History of Present Illness

Mr. Mo Chiao Sung is a 63-year-old, married, Chinese male who was seen for an initial psychiatric assessment on 09/06/2020 for symptoms of depressed mood, negative thinking, sleeping disturbances (difficulty falling and staying asleep), preoccupied thoughts, and somatic complaints (shoulder and arm pain). He associated his symptoms to the harassment, retaliation, and discrimination he faced at work in addition to stress from his work-related injuries beginning in 2000.

In a sequence of events, Mr. Sung reported that he began working as a mail carrier for the United States Postal Service (USPS) in 1998, and that on August 1, 2000 he began to experience severe numbness and pain on his wrists, arms, shoulders, and spine. It was determined that these injuries were work-related, and Mr. Sung received workers' compensation for about 1 year

Sung, Mo Chiao

Psychiatric Evaluation

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(2000-2011). He was also granted limited duty due to his injuries and was only required to work ~~3~~/days/week during this period.

Things slowly began to plummet after 2011, and Mr. Sung began to face discrimination, retaliation, and unfair treatment by the USPS. He described how he was given more responsibilities compared to other peers, was not paid for working overtime and was constantly questioned about his work-related injuries in an interrogative way. From 2011 to 2017, he was on more than one occasion told to ‘not come in’ and was later offered new job positions upon return. He also stated that around 2016, he was diagnosed with gastric cancer which he believes was a result of his accumulated stress. Beginning in 2018, he was falsely accused of ‘not showing up to work’ and given a series of warning letters and disciplinary letters for his absences. Mr. Sung described these as acts of retaliation by the USPS and were all false accusations. In 2020 altogether, Mr. Sung was laid off by the USPS and was threatened to have all his workers’ compensation payments, disability, as well as social security benefits cut.

As a result of the accumulated maltreatment, Mr. Sung has suffered throughout his twenty years of employment at the USPS. He genuinely believes that all the unfair treatment above were all forms of ‘discrimination, psychiatric violence, humiliation, harassment, retaliation and abuse of power’ by the USPS due to him filing a claim and being someone with a disability. It should also be noted, that since 2017 Mr. Sung had filed multiple grievance and appeal letters indicating the unfair treatment, all of which were dismissed or unresolved. To back up his claims, Mr. Sung had submitted medical records from his pain and rehabilitation doctor and psychiatrist indicating the severity of his injuries. But despite Mr. Sung’s efforts, his medical conditions were overlooked, and he was subsequently terminated in 2020.

Based on Mr. Sung’s presenting symptoms, he was diagnosed with **major depressive disorder, recurrent, moderate**. Treatment options of pharmacological management and psychotherapy were recommended, both of which Mr. Sung accepted and agreed to. He was consistently seen for a combination of medication management and counseling visits from September 2020-present.

During those visits, Mr. Sung spoke about the accumulated stress and unfair treatment he had sustained while employed at the USPS. He also spoke about how he was mentally abused at his work and was unwilling to tolerate unfair treatment. Over time, he was unable to tolerate the stress and developed a fear of making mistakes. He reported that he continued to work for the

Sung, Mo Chiao

Psychiatric Evaluation

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USPS because he needed the income and often ruminates about the problems he had at work. He spoke about his desire to maintain his workers' compensation due to his physical and psychological condition and inability to work. He also felt that he was constantly worrying, complaining, and feeling negative.

By 2021, Mr. Sung reported a reduction in his psychiatric symptoms and had developed some effective coping techniques to deal with his stressors. On occasions, he complained of depression, suicidal ideation, difficulty with controlling his emotions and behaviors, some episodes of fatigue, oversleeping, and feelings of worthlessness. Most of these symptoms were triggered by his ongoing workers' compensation case, and he reported that he was able to manage these symptoms if he did not think about his years of discrimination.

Throughout the course of treatment, Mr. Sung received psychoeducation and medication education on his clinical diagnosis. Education focused on teaching Mr. Sung about the etiology (i.e. biological, social-environmental, and genetic factors), symptomatology (i.e. characteristic symptoms of medical condition), medication (i.e. pharmacokinetics, pharmacodynamics, and common adverse effects), and treatment schedule (i.e. frequency, duration, and intensity). Ongoing patient education is essential for treatment compliance. Mr. Sung also received psychological counseling. Counseling focused on emotional regulation, with application of various techniques, including, but not limited to breathing exercises, sitting meditation, positive thinking, and other evidence-based emotional regulation activities. His current goals in treatment are to improve his mood state and stabilizing his sleep, prolong a positive mood state and monitoring for any relapse of depression.

Medical History

On August 1, 2000, Mr. Sung sustained a shoulder and neck injury while working and was later granted workers' compensation benefit with limited job duties. The pain from his injuries were mainly manageable, but he experienced a recurrence of pain in 2013 and 2017 due to his work responsibilities. Beginning in July 2017, Mr. Sung has been in active treatment with Dr. Jordan Sudberg. He currently received physical therapy, chiropractic care as well as trigger point injection therapy (last dose on 05/12/2021 cervical trapezius and levator scapula). His evaluating physician remarked that he presented with symptoms of pain in the neck and both

Sung, Mo Chiao

Psychiatric Evaluation

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shoulders and rated his neck pain a “8 out of 10.” Due to the duration and severity of his symptoms, Mr. Sung was deemed **100% total disability and is incapable of working.**

Mental Status Examination

The Mental Status Examination was completed in order to provide a description of the mental and behavioral state of the patient. This exam is based on clinical observation and patient reports. Information is derived from the psychiatric interview and doctor-patient interaction. Components of the exam include appearance, behavior, speech, mood, affect, thought process and content, cognition, and insight. Examination results are used for assessment, diagnosis, and/or treatment goals.

Appearance: Appears stated age

Dress: Neat

Motor Behavior: Normal

Attitude: Cooperative

Cognition:

Attention: Intact

Concentration: Intact

Short-term Memory: Intact

Long-term Memory: Intact

Immediate Recall: Intact

General Information: Intact

Abstraction: Intact

Affect: Constricted

Mood: Anxious

Thought Process: Tangential, Circumstantial

Hallucinations: None

Delusions: None

Sung, Mo Chiao

Psychiatric Evaluation

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Suicidality: None

Homicidality: None

Obsessions: None Present

Insight of the illness: Absent

Sensorium:

Level of consciousness: Alert

Orientation: Intact

Speech: Normal

Judgement: Mildly impaired

Discussion

The prominent feature of Mr. Sung's clinical presentation was depression, specifically in relation to his work-related injury and years of discrimination. He met the criteria for **major depressive disorder** as he had a predominantly sad mood state persistently for at least two weeks with sufficient additional diagnostic criteria. There was no history of elevated mood episodes suggesting mania or hypomania. Based on the collective constellation of his symptoms, Mr. Sung meets the criteria for a diagnosis of **major depressive disorder, recurrent, moderate** according to the *Diagnostics and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*.

Mr. Sung met the criteria for **major depressive disorder** - as five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure (depressed mood most of the day, nearly every day; markedly diminished interest or pleasure in all; insomnia or hypersomnia nearly every day; fatigue or loss of energy nearly every day; feelings of worthlessness or excessive guilt or inappropriate guilt, diminished ability to think or concentrate and recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide); the symptoms cause significantly distress or impairment in social, occupational, or other important areas of functioning; the episode is not attributable to the physiological effects of a substance or to another medical condition; the occurrence of the major depressive disorder is not better explained by schizoaffective disorder, schizophrenia, schizotypal disorder, delusional

Sung, Mo Chiao

Psychiatric Evaluation

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disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorder and there has never been a manic episode or a hypomanic episode.

Major depressive disorder is a common clinical condition seen in people who have developed disturbances of their emotions and/or physical functioning who are under significant life stressors. For patients who suffer from **major depressive disorder**, if they do not get timely and proactive treatment, this condition might evolve into a more severe clinical depression which has the possibility of becoming chronic and recurrent, or even worse, progress to suicidal depression, psychotic depression, or bipolar disorder. The major consequence could be a life-long suffering from depression. Their lives could be permanently changed by these psychiatric conditions. Mr. Sung needs to be in safe environment with affordable access to mental health care to successfully treat his condition and resume his normal routine functions and activities.

Recommendations:

Mr. Sung should have continuous treatment consisting of the following:

1. Individual psychotherapy to encourage him to express his feelings, learn coping skills and relaxation techniques, and develop stress reduction skills. Several types of psychotherapy have been proven to have efficacy in treating anxiety disorders, particularly cognitive behavioral therapy (CBT) and a specialized type of CBT called exposure therapy.

2. Continuous observation and psychiatric monitoring of his psychotropic medications. His symptoms have been severe enough to warrant treatment with clonazepam 1mg, olanzapine 5mg, and viibryd 40mg. If he remains persistently depressed and/or anxious, he may need treatment with additional antidepressant and/or anxiolytic medications.

Conclusion

It is my medical opinion that Mr. Sung is entitled to workers' compensation due to the adverse impact of his work-related injury on his mental health. His injuries have caused him both psychological and obvious physical injuries/trauma. Due to the stress caused by the aforementioned, Mr. Sung has been unable to go about his life and work tasks normally. He faced years of discrimination, harassment, retaliation, and abuse by his supervisor for being

Sung, Mo Chiao

Psychiatric Evaluation

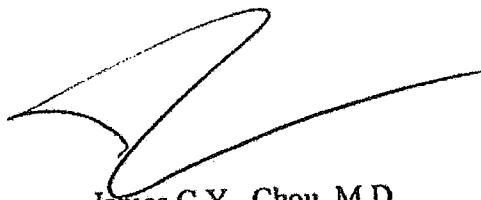
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someone with a disability. Due to the severity of his injuries, he is now unable to work, but continues to face harassment from the USPS and was unreasonably terminated from his job.
His current condition puts him at a considerable increased risk for other disorders. Further stress should be avoided if possible, to preserve his tenuous mental health.

In addition, Mr. Sung's presenting symptoms are all directly attributed to his work-related injuries. His injuries as well as his year of discrimination and abuse have left him with chronic symptoms in terms of his physical and psychological functioning. He is unable to work under his current condition and his condition is considered severe.



Xu Z. Chen, M.D.
Board Certified Psychiatrist
NYS License No. 219912



James C.Y., Chou, M.D.
Board Certified Psychiatrist
NYS License No. 156024

Xu Z. Chen Psychiatrist PLLC

837 58th St, 3rd Fl Brooklyn, NY 11220 Ph: (718) 686 – 1533 Fax: (718) 686 - 8121	6304 5th Ave 1st Fl Brooklyn, NY 11220 Ph: (718) 576 - 3610 Fax: (718)576 – 3391	131 – 07 40th Rd, 5 Fl Ste. E25 Flushing, NY, 11354 Ph: (718) 661 – 3000 Fax: (718) 661 - 3200
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Date: 08/08/2021

Name: Sung, MoChiao

Gender: Male

DOB: 02/06/1958

To whom it may concern

I am writing this letter indicating that Sung, MoChiao (DOB 02/06/1958) has been attending psychiatric treatment in my office since 09/06/2020 until present for the working diagnoses of Major depressive disorder, recurrent, moderate. Patient receives individual therapy weekly and medication management periodically.

Sincerely,

Xu Zhang Chen, MD

License No. NY219912

NPI 1841410503

DEA BC7124681

Xu Z. Chen, M.D.
Board Certified Psychiatrist

Sung, Mo-chiao Male 02-06-1958

JASON M. GALLINA, M.D., P.C.
Orthopaedic Spine Surgery

820 2ND Avenue , 7TH FLOOR
NEW YORK, NY 10017
Tel. (212) 616-4130. Fax (212) 983-0483

541 Cedar Hill Avenue
Wyckoff, NJ 07481
Tel. (201) 447-0550. Fax (201) 447-5233

Date: 07-15-2015

To Whom It May Concern,

This will certify that Mo-chiao Sung has been under my care for his orthopaedic spinal pathology. He may not return to work yet. He is restricted for lifting anything about shoulder height. He cannot carry anything over 5 pounds. If you have any questions, please do not hesitate to contact my office.


Jason Gallina, M.D.
Board Certified Orthopaedic Spine Surgeon

This has been electronically signed by Jason Gallina, M.D. on 07-15-2015.

RECEIVED
JUL 17 2015
BY:

1. Aggravation of cervical sprain and strain with C4-5 and C5-C6 intervertebral disc herniation and right C6 cervical radiculopathy.
2. Right shoulder pain with traumatic impingement syndrome.
3. Left medial epicondylitis with left cubital tunnel syndrome

The patient has been:

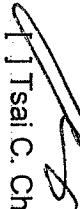
Totally Incapacitated **Partially Incapacitated**

He was unable to return his job from 09/04/13 to 09/13/13.

The expected date of returning to work is on 09/14/13.

If you have any question regarding this case, please do not hesitate to contact this office at the above address.

Very truly yours,


[] Tsai C. Chao, M.D.
[] Lijun Song, M.D., Ph.D
[X] Zhao Ming Huang, M.D.
[] Peiti Cai, M.D.

to Middle Village Management

Mrs. M. or whom may concerned

Fax 718. 896-2556

X
Violations

FMLA or. from Mo Cities Surg

medical leave 1681 606-7058

job related injury ref. Dr. note, 3971

accepted by contact Thomas S Solomon LLP.

DWCP

643 East Ave. Parkchester NY

Tel: 212 572 0540 Fax: 212 371-0540

If You need more information
the office response

Mo Cities Surg



Request for or Notification of Absence

Employee's Name (Last, First, M.I.) <i>Middle Village</i>	Social Security No. <i>111-11-1111</i>	Date Submitted <i>9/15/19</i>	No. of Hours Requested <i>150</i>	Scheduled Day <i>Mon 01</i>	Actual Day <i>Mon 01</i>	PP <i>Day</i>	Year
Installation (For PM leave, show City, State, and ZIP Code) <i>Middle Village 11279</i>	N/S Day <i>N/S</i>	Pay Log # <i>350</i>	D/A Code <i>1</i>	From Date <i>8/24</i>	Hour <i>4</i>		
Time of Call or Request	Scheduled Reporting Time <i>11279</i>	Employee Can Be Reached At (If needed)		Thru Date <i>10/25</i>	Hour <i>150</i>		
Type of Absence	Documentation (For Official Use Only)		Revised Schedule for (Date)	Approved in Advance			
<input type="checkbox"/> Annual	<input type="checkbox"/> For COP Leave (CA1 on File)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on File)						
<input checked="" type="checkbox"/> LWOP (See Reverse)	<input type="checkbox"/> For Military Leave (Orders Reviewed)						
<input type="checkbox"/> Sick (See Reverse)	<input type="checkbox"/> For Court Leave (Summons Reviewed)						
<input type="checkbox"/> Late	<input type="checkbox"/> COP	<input type="checkbox"/> For Higher Level (1729 on File)					
<input type="checkbox"/> Other:	<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on File)						
Remarks (Do Not Enter Medical Information) <i>Job related injury + NRP</i>							
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.							

Employee's Signature and Date

Middle Village 9/15/19

Signature of Person Recording Absence and Date

Signature of Supervisor and Date Notified

Tue 11

Official Action on Application (Return copy of signed request to employee)

Approved, not FMLA

Approved, FMLA

Pending Documentation
Noted on Reverse.

Signature of Supervisor and Date

Thur 13

Disapproved (Give Reason)

need AD sonmed

REMINING PAIN

To: Middle Village Management,
 Mrs N, Fax 718-894-2856
 from = Mo Gursy.
 106/605 - 2058.
 Dr Note
 3471



Request for or Notification of Absence

Employee's Name (Last, First, M.I.) <i>Mo Chito Gurs</i>		Social Security No. <i>080827607119</i>	Date Submitted <i>7/1/19</i>	No. of Hours Requested <i>76</i>	Scheduled Day <i>6/30</i>	Un-Scheduled Day <i>Sat 01</i>	PP <i>76</i>	Year <i>2019</i>	
Installation (For PM leave, show City, State, and ZIP code) <i>Middle Village 11379</i>		N/S Day <i>N/S</i>	Pay Loc. # <i>J55</i>	D/A Code <i>755</i>	From Date <i>6/30</i>	Hour <i>4</i>			
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)			Thru Date <i>7/1/19</i>	Hour <i>76</i>			
		<input type="checkbox"/> No Call							
Type of Absence	Documentation (For Official Use Only)			Revised Schedule for (Date)		Approved in Advance			
<input type="checkbox"/> Annual	<input type="checkbox"/> For COP Leave (CA1 on File)			<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on File)								
<input checked="" type="checkbox"/> LWOP (See Reverse)	<input type="checkbox"/> For Military Leave (Orders Reviewed)								
<input type="checkbox"/> Sick (See Reverse)	<input type="checkbox"/> For Court Leave (Summons Reviewed)								
<input type="checkbox"/> Late	<input type="checkbox"/> COP	<input type="checkbox"/> For Higher Level (1723 on File)							
<input type="checkbox"/> Other:	<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on File)								
Remarks (Do Not Enter Medical Information) <i>Job related injury, VRP</i>									
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.									
Employee's Signature and Date <i>Mo Chito Gurs 7/1/19</i>		Signature of Person Recording Absence and Date			Signature of Supervisor and Date Notified				
Official Action on Application (Return copy of signed request to employee)					Signature of Supervisor and Date				
<input type="checkbox"/> Approved, not FMLA		<input type="checkbox"/> Approved, FMLA		<input type="checkbox"/> Pending Documentation Noted on Reverse					
<input type="checkbox"/> Disapproved (Give Reason)									



DATE: October 8, 2019

SUBJECT: NOTICE OF REMOVAL

TO: Mo Chiao Sung
EIN# 01838860
456 Wellington Rd.
Mineola, NY 11501-1435

Express Mail: EJ106685213US
Certified #70191120000120182171

You are hereby notified that you will be removed from the Postal Service no sooner than thirty days (30) from the receipt of this notice. If a timely grievance is filed, and in accordance with the Dispute Resolution Process (DRP), the effective date of the removal will be deferred until after Step B decision has been rendered, or fourteen (14) days after the appeal is received at Step B, whichever comes first. If the final outcome of the DRP denies your grievance, you will be notified of the date of your removal. The reason for this action is:

CHARGE: CONTINUOUS ABSENCE WITHOUT OFFICIAL LEAVE

You were hired by the Postal Service on August 15, 1998. You currently hold the position of a City Carrier Modified Assignment, at the MPO Post Office.

You have been carried as Absent Without Official Leave since June 1, 2019. You have not produced any medical information to document your continued absences.

On May 31, 2019 you were mailed a letter instructing you to return to work immediately or to provide documentation to support your absence. You did not return to work nor did you provide documentation. This notice was delivered to your address of record the following day on June 4, 2019.

On July 3, 2019 you were mailed a letter instructing you to return to work immediately or to provide documentation to support your absence. You did not return to work nor did you provide documentation. This notice was delivered to your address of record the following day on July 5, 2019.

On July 30, 2019, you were mailed a notification for a Pre-Disciplinary Interview that was scheduled to be held with you at the Flushing MPO on August 2nd, 2019. This notice was delivered to your address of record the following day on August 1st 2019.

On September 24, 2019, you were mailed a notification for a Pre-Disciplinary Interview that was scheduled to be held with you at the Flushing MPO on September 30, 2019. This notice was delivered to your address of record the following day on September 25, 2019.

You did not attend your interview on August 2nd, 2019 or September 30, 2019, as scheduled. You did not notify management of any reason why you could not appear at this interview..

Thomas Solomon CCP.
E85 272-0540 NRP
Express # EE457634871US Signature Required
Express # EE457634885US Signature Waiver

March 25, 2019

continuation sheet for
claimant Mo chiao Sung

Sung, Mo Chiao
EIN # 01838860
City Carrier
456 Wellington Blvd.
Mineola, NY 11501

Subject: Absent Letter

I received Zx mail from
M-P-O. on 4/30/2019
since 2017 I was sent to

Queens village station
NOT working in M-P-O no more.

You have been absent in excess of three (3) days since December 26, 2018. You are directed to return to work immediately. If for some reason you are unable to return to work, then you are officially directed to submit within seven (7) days of your receipt of this letter, satisfactory evidence substantiating your need for absence during this period. Should you elect to submit medical evidence to substantiate your absence, you are advised that it must be administratively acceptable, a medical certificate must be signed by a physician giving dates of absence, reason, probable date of return to duty and a statement that your condition precluded you from performing your duties.

Failure to comply with these instructions within seven (7) days of receipt of this letter will result in your being charged Absent Without Official Leave and appropriate corrective action may be taken against you.

Sacqueline Gallardo Mo Chiao Sung 3/27/19

Jacqueline Gallardo
Acting Manager Customer Services
Flushing MPO 11355

Cc: File

I stop working 7/2017 due to
NRP connection for my job related
injury aggravated, since that I
submitted medical record to Oncp,
injury comp, 3971 to Queen Village
station where post office (M-P-O).
sent me to since 2017 new job.



October 25, 2013

Sung, Mo Chiao
EID : 1838860
Citi Carrier
Flushing MPO
456 Wellington Rd
Mineola, NY 11501-1435

Cert : #7013 1710 0000 5236 5041

Letter of Warning

In accordance with Article XVI of the National Agreement, it is necessary to give you this letter of warning relative to the irregularities described below.

Charge : Failure to Meet the Requirements of Your Position - Attendance.

Facts: : You were hired by the United States Postal Service on August 15, 1998. Since August 1, 20000, you are on OWCP but came back to work with limitation of three work hours on July 22, 2013.

Your limitations are up to three hours of sitting, walking, standing up to three hours of pushing and pulling less than 10 LBS.

You also can do up to one hour of twisting and bending/stooping. However your condition does not limit you to come to work every day.

Currently you assigned to the registry to clear the carrier in the afternoon.

Your work hours are between 15:30PM to 18:30PM with Sunday / Wednesday off.

And as a Postal Employee, you are required to report for duty on a regular basis. You failed to report for duty as scheduled on the following:

<u>Date</u>	<u># of days</u>	<u>Type leave</u>
August 13, 2013	2 days	USL
September 3 to Sep 13	8 days	ULWOP
September 30 to October 3	3 days	ULWOP
October 21 to October 22	2 days	ULWOP

You have absented yourself from your Official duties in 4 separate occasions during a 3-month period.

Strict adherence to postal rules and regulations are required by all employees. Your unreliability evidenced by your unsatisfactory attendance records cannot be condoned nor tolerated.

Your actions, outlined in the above charges and facts, is in violation of the following articles:

Section 511.43 of the Employees and Labor Relations Manual states: Employee Responsibilities: "Employees are expected to maintain their assigned schedule and must make every effort to avoid unscheduled absences. In addition, employees must provide acceptable evidence for absences when required."

Section 665.13 of the Employees and Labor Relations Manual states: Discharge of Duties: "Employees are expected to discharge their assigned duties conscientiously".

Section 665.41 of the Employees and Labor Relations Manual states: Requirement of Regular in Attendance: Employees are required to be regular in attendance. Failure to be regular in attendance may result in disciplinary action, including removal from the Postal Service."

Section 665.42 of the Employee and Labor Relations Manual states: Absence Without Permission: "Employees who fail to report for duty on scheduled days, including Saturdays, Sundays, and holidays, are considered absent without leave except in cases where actual emergencies prevent them from obtaining permission in advance. In emergencies, the supervisor or proper official must be notified of the inability to report for duty as soon as possible. Satisfactory evidence of the emergency must be furnished later. An employee who is absent without permission or fails to provide satisfactory evidence that an actual emergency existed will be placed in a nonpay status for the period of such absence. This absence may be the basis for disciplinary action."

You have the right to appeal the issuance of this LETTER of WARNING under the grievance/ arbitration procedure set forth in Article 15 of the National Agreement.



November 13, 2013

Sung, Mo Chiao
EID : 1838860 (City Carrier)
456 Wellington Rd
Mineola, NY 11501-1435

Cert : #7013 1710 0000 5236 5065

Subject: Absence Letter

You have been absent in excess of three (3) days since October 24, 2013. You are directed to return to work immediately. If for some reason you are unable to return to work, then you are officially directed to submit within seven (7) days of your receipt of this letter, satisfactory evidence substantiating your need for absence during this period. Should you elect to submit medical evidence to substantiate your absence, you are advised that to be administratively acceptable, a medical certificate must be signed by a physician giving dates of absence, reason, probable date of return to duty, and a statement that your condition precluded your performing your duties. Your medical documentation must be updated every thirty (30) days.

513.36 Sick Leave Documentation Requirements

513.362 Over Three Days

For absences in excess of 3 days, employees are required to submit medical documentation or other acceptable evidence of incapacity for work or of need to care for a family member and, if requested, substantiation of the family relationship.

513.364 Medical Documentation or Other Acceptable Evidence

When employees are required to submit medical documentation, such documentation should be furnished by the employee's attending physician or other attending practitioner who is performing within the scope of his or her practice. The documentation should provide an explanation of the nature of the employee's illness or injury sufficient to indicate to management that the employee was (or will be) unable to perform his or her normal duties for the period of absence. Normally, medical statements such as "under my care" or "received treatment" are not acceptable evidence of incapacitation to perform duties.

Supervisors may accept substantiation other than medical documentation if they believe it supports approval of the sick leave request.

513.365 Failure to Furnish Required Documentation

If acceptable substantiation of incapacitation is not furnished, the absence may be charged to annual leave, LWOP, or AWOL.

Thank you,


Wook Hong / Mgr, Customer Service
Flushing MPO
Flushing , NY 11358-9998



November 20, 2013

Sung, Mo Chiao
EID : 1838860
Citi Carrier
Flushing MPO
456 Wellington Rd
Mineola, NY 11501-1435

Cert : #7013 1710 0000 5236 5039
Delcon # 9114 9011 2308 6244 5563 17

Subject: Seven (7) Days Suspension

In accordance with Article 16 of the National Agreement, it is necessary to issue you this notice of 7 day, no time served suspension to you for the following reasons.

Charge: Failure to Follow Instructions / AWOL

Facts: You were hired by the United States Postal Service on August 15, 1998. Since August 1, 2000. You are on OWCP, but came back to work with limitation of three work hours on July 22, 2013. Your limitations are up to three hours of sitting, walking, standing up to three hours of pushing and pulling less than 10 LBS. You also can do up to one hour of twisting and bending / stooping. However, your condition does not limit you to report to work every day. Currently you are assigned to registry to clear the carriers in the afternoon. Your work hours are between 15:30PM to 18:30PM with Sunday / Wednesday off.

On October 24, 2013, you were asked by Supervisor Ricky Choy to come to manager's office for a PDI. You just ignored his instruction, grabbed your timecard and hit out for the day.

You were given a direct order by Manager Hong to report to the manager's office, you came but didn't want to stay for the PDI. Mr. Hong, the Manager and NALC steward Gloria Lum advised you not to leave. You kept saying that "I am not on the clock" When supervisor Ricky asked you, if you requested and or approved by any supervisor to leave for the day, you said no then you just took off and didn't show up for work next three days. You were, therefore put on AWOL.

On November 19, 2013, I conducted a PDI with your steward TY Lee representing you. .



July 30, 2013

Sung, Mo Chia0
City Carrier
EID : 01838860
Flushing, NY 11355-9998

Subject: Notification of Pre-Disciplinary Interview

You are hereby notified that a Pre-Disciplinary Interview has been scheduled with you on Tuesday August 6, 2013. This interview will be held in my office at the Flushing Main Post Office located at 41-65 Main Street, Flushing N.Y.,11355, at **16:00 PM. sharp.**

Failure to attend this meeting will result in corrective action being taken against you up to and including your removal from the Postal Service.

A handwritten signature in black ink, appearing to read "Wook Hong".

Wook Hong / Mgr CS
Flushing Main Post Office
Flushing, NY 11355-9997

Flushing Main PO



Date: 07/03/2019

Second Request

CERTIFIED MAIL #:70191120000103675195

USPS TRACKING #: EJ074788568US

Notice of Absence Inquiry

Mo Chiao Sung
EIN# 01838860
456 Wellington Rd
Mineola, NY 11501-1435

My records indicate that you have been absent from duty since 07/14/2017. By this notice, you are being instructed to report to my office immediately (on your next scheduled tour), or provide me within three (3) calendar days from your receipt of this letter as a second request , with satisfactory and acceptable evidence of your inability to report to work.

ELM 513.362 Over Three Days

For absences in excess of 3 days, employees are required to submit medical documentation or other acceptable evidence of incapacity for work or of need to care for a family member and, if requested, substantiation of the family relationship.

513.364 Medical Documentation or Other Acceptable Evidence

When employees are required to submit medical documentation, such documentation should be furnished by the employee's attending physician or other attending practitioner who is performing within the scope of his or her practice. The documentation should provide an explanation of the nature of the employee's illness or injury sufficient to indicate to management that the employee was (or will be) unable to perform his or her normal duties for the period of absence. Normally, medical statements such as "under my care" or "received treatment" are not acceptable evidence of incapacitation to perform duties. Supervisors may accept substantiation other than medical documentation if they believe it supports approval of the sick leave request.

After that, should your absence continue, you are required to submit satisfactory medical evidence of your inability to report for duty once every month, or within shorter periods as instructed.

ELM 513.363 Extended Periods

Employees who are on sick leave for extended periods are required to submit at appropriate intervals, but not more frequently than once every 30 days, satisfactory evidence of continued incapacity for work or need to care for a family member unless some responsible supervisor has knowledge of the employee's continuing situation.

Your failure to respond to this notice and/or your failure to comply with the instructions herein, will result in you being charged with Absence Without Leave (AWOL) for all the unprotected time you are absent from work. Additionally, if you fail to respond or satisfactorily document your entire absence from work, you will

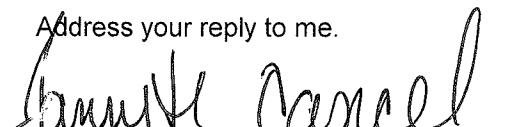
be charged with being AWOL, and steps may be taken up to and including removal from the Postal Service.

513.365 Failure to Furnish Required Documentation

If acceptable substantiation of incapacitation is not furnished, the absence may be charged to annual leave, LWOP, or AWOL.

NO FURTHER NOTICES WILL BE SENT TO YOU.

Address your reply to me.



Janneth Cancel
Station Manager

41-65 Main St
Flushing, NY 11355
Phone: 718-321-6803
Fax: 718-321-6842

cc: Labor Relations
File



DATE: October 8, 2019

SUBJECT: NOTICE OF REMOVAL

TO: Mo Chiao Sung
EIN# 01838860
456 Wellington Rd
Mineola, NY 11501-1435

Express Mail: EJ106685213US
Certified #70191120000120182171

You are hereby notified that you will be removed from the Postal Service no sooner than thirty days (30) from the receipt of this notice. If a timely grievance is filed, and in accordance with the Dispute Resolution Process (DRP), the effective date of the removal will be deferred until after Step B decision has been rendered, or fourteen (14) days after the appeal is received at Step B, whichever comes first. If the final outcome of the DRP denies your grievance, you will be notified of the date of your removal. The reason for this action is:

CHARGE: CONTINUOUS ABSENCE WITHOUT OFFICIAL LEAVE

You were hired by the Postal Service on August 15, 1998. You currently hold the position of a City Carrier Modified Assignment, at the MPO Post Office.

You have been carried as Absent Without Official Leave since June 1, 2019. You have not produced any medical information to document your continued absences.

On May 31, 2019 you were mailed a letter instructing you to return to work immediately or to provide documentation to support your absence. You did not return to work nor did you provide documentation. This notice was delivered to your address of record the following day on June 4, 2019.

On July 3, 2019 you were mailed a letter instructing you to return to work immediately or to provide documentation to support your absence. You did not return to work nor did you provide documentation. This notice was delivered to your address of record the following day on July 5, 2019.

On July 30, 2019, you were mailed a notification for a Pre-Disciplinary Interview that was scheduled to be held with you at the Flushing MPO on August 2nd, 2019. This notice was delivered to your address of record the following day on August 1st 2019.

On September 24, 2019, you were mailed a notification for a Pre-Disciplinary Interview that was scheduled to be held with you at the Flushing MPO on September 30, 2019. This notice was delivered to your address of record the following day on September 25, 2019.

You did not attend your interview on August 2nd, 2019 or September 30, 2019, as scheduled. You did not notify management of any reason why you could not appear at this interview.

- 2 -

Since you have refused to provide any reasons or current documentation to explain your continued absence from duty, I can only conclude that you no longer wish to continue your employment with the Postal Service. Therefore, your removal from the postal service is warranted.

You have failed to comply with the following sections of the Employee and Labor Relations Manual (ELM):

Section 511.41, Unscheduled Absences, which states: "Unscheduled Absences are any absences from work that are not requested and approved in advance."

Section 511.43, Employee Responsibilities, which states: "Employees are expected to maintain their assigned schedule and must make every effort to avoid unscheduled absences. In addition, employees must provide acceptable evidence for absences as required."

513 Sick Leave

513.36 Sick Leave Documentation Requirements

513.362 Over Three Days

For absences in excess of 3 days, employees are required to submit medical documentation or other acceptable evidence of incapacity for work or of need to care for a family member and, if requested, substantiation of the family relationship.

513.363 Extended Periods

Employees who are on sick leave for extended periods are required to submit at appropriate intervals, *but not more frequently than once every 30 days*, satisfactory evidence of continued incapacity for work or need to care for a family member unless some responsible supervisor has knowledge of the employee's continuing situation.

513.364 Medical Documentation or Other Acceptable Evidence

When employees are required to submit medical documentation, such documentation should be furnished by the employee's attending physician or other attending practitioner who is performing within the scope of his or her practice. The documentation should provide an explanation of the nature of the employee's illness or injury sufficient to indicate to management that the employee was (or will be) unable to perform his or her normal duties for the period of absence. Normally, medical statements such as "under my care" or "received treatment" are not acceptable evidence of incapacitation to perform duties.

Supervisors may accept substantiation other than medical documentation if they believe it supports approval of the sick leave request.

513.365 Failure to Furnish Required Documentation

If acceptable substantiation of incapacitation is not furnished, the absence may be charged to annual leave, LWOP, or AWOL.

Section 665.41 which states, "Employees are required to be regular in attendance."

- 3 -

Section 665.42 Absence Without Permission, which states in pertinent part: "Employees failing to report for duty on scheduled days, including Saturdays, Sundays and Holidays will be considered absent without official leave..."

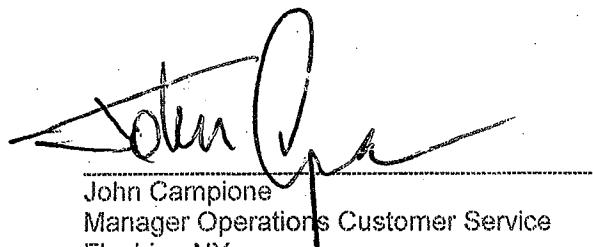
Your actions as outlined above cannot be condoned or tolerated. Therefore, your removal from the Postal Service is warranted.

If this action is overturned on appeal, back pay will be allowed, unless otherwise specified in the appropriate award or decision, **ONLY IF YOU HAVE MADE REASONABLE EFFORTS TO OBTAIN OTHER EMPLOYMENT DURING THE RELEVANT NON-WORK PERIOD**. The extent of documentation necessary to support your back pay claim is explained in the ELM, Section 436. You have the right to file a grievance under the Grievance/Arbitration procedure set forth in Article 15 of the National Agreement within fourteen (14) days of your receipt of this notice.

Higher Level Concurrence:



Janneth Cancel
Manager Customer Service
Flushing NY 11355



John Campione
Manager Operations Customer Service
Flushing NY

I HAVE RECEIVED THE ORIGINAL OF THIS LETTER ON _____

EMPLOYEE SIGNATURE-----TIME-----

(Indicates receipt only)

cc: Area Manager Operations
 Labor Relations
 File

05 2020 05:04PM HP Fax

CUSTOMER SERVICES



#195511

DATE: February 5, 2020

SUBJECT: MO SUNG / NOTICE OF REMOVAL

It is hereby agreed by the undersigned parties that the Notice of Removal, charge Contiuous Absence Without Official Leave, dated 10/8/2019 was issued for Just Cause.

Mr. Sung has repeatedly refused to be interviewed, nor provide any acceptable information/ documentation to explain his continued unscheduled absence.

Mr. Sung is reminded that he is still eligible to apply for Disability Retirement for a period of one year from the date of his separation from Postal Rolls.

Mr. Sungs' Removal from the Postal Service is effective immediately.

I submitted my car to SC as my medical status. In injury comp office that is why I believe usps

Doug Palma
Management Representative

Harry Carney
Branch 294
Vice President

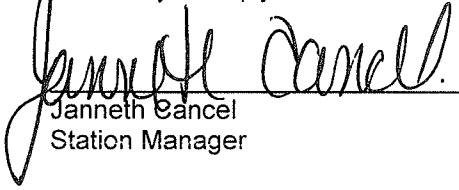
be charged with being AWOL, and steps may be taken up to and including removal from the Postal Service.

513.365 Failure to Furnish Required Documentation

If acceptable substantiation of incapacitation is not furnished, the absence may be charged to annual leave, LWOP, or AWOL.

NO FURTHER NOTICES WILL BE SENT TO YOU.

Address your reply to me.



Janneth Cancel
Station Manager

41-65 Main St
Flushing, NY 11355
Phone: 718-321-6803
Fax: 718-321-6842

cc: Labor Relations
File

Health and Resource Management Office
Triboro District



August 3, 2015

Flushing Main Post Office
Pay Location 055

Subject: Reemployment / Reassignment Offer

Mo Chiao Sung
OWCP Claim Number: 022000781
Date of Injury: August 1, 2000

Based on the restrictions noted in the medical documentation (Form OWCP-5c) from the OWCP-ordered referee medical examination conducted by Dr. Hormozan Aprin on February 12, 2015 We are offering you the following rehabilitation modified position:

Letter Carrier (City)
Full Time Regular

Modified Letter Carrier (City)	Level / Step O	\$59,294.00
	Level / Step	Salary
Flushing Main	2	Sunday/Tuesday
Location	Tour Time	Days Off

The duties of the proposed Rehabilitation Modified position are outlined on the attached position description and are in strict compliance with your medically defined work limitations. These limitations are noted below:

4 work hours per day

Sitting and sedentary job with restriction of not standing or walking for an extended period of time without periodic break, not reaching above the shoulder level, not pushing, pulling, lifting or carrying over 10 pounds, 15 minutes break every two hours

Additional Restrictions / Comments:

The proposed Rehabilitation Modified Position is presently available as of this date, August 3, 2015. Please indicate your acceptance or refusal of this Rehabilitation Modified Position offer by signing it in the appropriate space below and returning it no later than fourteen (14) days following receipt of this letter, August 17, 2015.

Acceptance: If you decide to accept this position offer, you will continue to have the opportunity to bid to other positions, as well as apply for competitive selection positions that you believe you can perform the essential functions of the position, with or without accommodation.

Refusal: If you refuse to accept this reemployment/reassignment offer, we will so advise the Office of Worker's Compensation Programs (OWCP) for whatever action they deem necessary. Further entitlement to compensation benefits may be affected.

Continued.....

Discrimination for Job and Age --
Initial here _____

6
-X changed my location from CTPR/Aer
station to hundred volume heavy
M.P.O. station over limited duty
even than regular full duty

Apr-24-2015 04:19 PM USPS - Brooklyn, NY 718-277-6890

4/8



Offer of Modified Assignment O 22 000781 (Limited Duty)

Section I - Employee Information

Employee Name (Last, first, MI)	EIN	Date of Offer
SUNG, MO C.	01838880	04/17/2015
Employee Position Title (Permanent)	OCC Code	Pay Location
CITY CARRIER	23102609	055
Office/Work Location (Name)	OWCP Claim #	Date of Injury
Flushing Main PO	022000781	04/17/2015

Section II - Modified Assignment Offer

This letter is written confirmation of a modified assignment offer related to the above referenced on-the-job injury.

Work Hours	Scheduled Days Off	Location	Effective/Available Date
13.00-17.00	SUN/THU	STATION A	04/18/2015
Assignment Title	Level/Step	Salary	
LOBBY ASSISTANT	Q	\$59,294.00	

The duties of this modified assignment are:
(it is not acceptable to use other duties as assigned)

- LOBBY ASSISTANCE/ CUSTOMER SERVICE
- REGISTRY/CLEAR CARRIERS
- DISTRIBUTE FORMS, SUPPLIES INFORMATION
- KEEP RECORDS

(Provide attachment if additional space is necessary.)

The physical requirements of this modified assignment are:

- SITTING
- REACH AT OR BELOW SHOULDER
- SIMPLE GRASPING
-

(Provide attachment if additional space is necessary.)

Section III - Agreement and Signatures

Supervisor/manager should discuss this Offer of Modified Assignment (Limited Duty) and the duties of the assignment with the employee; if the employee has concerns (e.g., task, work location, or medical limitations) not addressed with this Offer of Modified Assignment (Limited Duty), the supervisor/manager should discuss the concerns with the employee and, if possible, suggest alternatives. If the employee raises additional medical issues such as a disability or seeks a reasonable accommodation, the supervisor/manager must engage in an interactive discussion with the employee (see Handbook EL-307, *Reasonable Accommodation, An Interactive Process*, for specific guidance). These discussions must be documented on page 2, Section IV of this form.

Name of Supervisor/Manager Completing this Form (Please print)

CHOY, EDWARD

Supervisor/Manager Signature

Date Signed

04/17/2015

Office

FLUSHING MPO

Telephone Number (Include area code)

718-321-6808

I accept/ I refuse the modified assignment offer: (Explain)

Please read the reverse of this form to obtain additional information relating to this modified assignment and to review our privacy statement

Employee Signature

Date Signed

statement to who may concerned,
my name Mo chua Sung.

OWCP case # 02200078!

add = 456 Wellington Rd Mineola NY 11501
phone = (516) 605-7058.

I am absent since 2017/7.

- ① Due to recurrence and NRP connection
- ② Since August I am follow the rule requested by injury comp office (DOL) to submit Medical report, Carr, Carr 5c, Carr and 3171 for leave without pay due to job related injury.
- ③ Years passed, but in the recent month I was informed that I received warning postrepline, removal letter etc from U.S.P.S.
- ④ I felt I was harassed and discriminated by U.S.P.S. just because my injury getting worse and absent.

union represented.

No claim filed.

Sincerely yours,

10/22/19.

Feb. 5, 2020 12:14PM

11 2019 04:26PM Flushing MPO 11355 (718) 321-6842

No. 3719 P. 1

page 1



UNITED STATES
POSTAL SERVICE

NOT Resolved

USPS-NALC Joint Step A Grievance Form

INFORMAL STEP A — NALC Shop Steward Completes This Section (See Instructions on page 2.)

1. Grievant's Name (Last, First, Middle Initial) HO Chiao Shing		Date Received at Step B (MM/DD/YYYY)			
2. Grievant's Telephone No. (Include area code) 516-468-1058					
3. Seniority Date (MM/DD/YYYY) 8/15/1998		4. Status (Check one) <input checked="" type="checkbox"/> DFT <input type="checkbox"/> DTF <input type="checkbox"/> PTR <input type="checkbox"/> DPTF <input type="checkbox"/> CCA		5. Grievant's Employee Identification Number (EIN) OTB 38860	
6. District, Installation, Work Unit, ZIP Code FPO 11365		7. Finance No.			
8. NALC Branch No. 0844		9. NALC Grievance No. 195511		10. Incident Date (MM/DD/YYYY) 10/18/2019	
11. Date Discussed With Supervisor (Filing date) 10/10/2019		12a. Companion MSPB Appeal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12b. Companion EEO Appeal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Supervisor's Printed Name, Initials, and Telephone No. SCONCE		12b. Steward's Printed Name, Initials, and Telephone No. 7183216803		13. Date Discussed With Supervisor (Filing date) 10/10/2019	
14. USPS Grievance No.: Obtain prior to Formal Step A meeting.					
15. Issue Statement: Provide contract provision(s) and frame the issue(s).					

16. Undisputed Facts: List and attach all supporting documents. Use additional paper if necessary. Attachments? No Yes

Number _____

17. UNION'S full, detailed statement of disputed facts and contentions: List and attach all supporting documents. Use additional paper if necessary.

Attachments? No Yes

Number _____

18. MANAGEMENT'S full, detailed statement of disputed facts and contentions: List and attach all supporting documents. Use additional paper if necessary.

Attachments? No Yes

Number _____

18a. Union Representative: Enter the remedy requested by the union.

SEE ATTACHED AGREEMENT # 195511

19a. Settlement Offer: List any settlement offers by either party on page 3.		Date of Formal Step A Meeting (MM/DD/YYYY)
20. Disposition (Check one) <input checked="" type="checkbox"/> Resolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Resolved		
21a. USPS Representative's Name DOUG PALMER		21b. Telephone No. (Include area code)
21c. USPS Representative's Signature <i>D. Palmer</i>		21d. Date (MM/DD/YYYY) 2/5/20
22a. NALC Representative's Name Henry Crowley		22b. Telephone No. (Include area code) (718) 264-3244
22c. NALC Representative's Signature <i>Henry Crowley</i>		22d. Date (MM/DD/YYYY) 2/5/2020

From: Mo chiao Sung
employee ID no: 01838860

8/1 - 9/4 2015.

total work hours 86 hrs. the usps
didn't pay to the employee.

See 1260. undelivered

Middle village station.

Please

send the form to financial
Dept. by supervisor where I work
now. thanks.

Mo chiao Sung

5/24/17

8/7. didn't pay on 8/1 - 9/4 2015.
since I back to works.

Drew didn't play from 8/1/15 to 8/4/15.

Witness statements Mei Hwa Tseng,

To whom may concerned

My name is Mei Hwa Tseng, add:42-11 #2D kissena blvd flushing new York, 11355.phone no:347 988-9192.

Dear sir I was a parcel post Clerk in flushing MPO, work with claiment, Mo Chiao Sung over ten years, because we both have same culture and mother language . I know him pretty well. As my knowledge same work place, I felt management in MPO treating him with harassment, discrimination and Co worker made negative commtes for his disability related injury, look down upon and laugh at him with no respect and managements didn't help him to solved the issued at all. Special on 7/2013 when he back to work with new job offer from sending him home few years. Within 3 month he received letter from management for PDI, LETTER OF WARNING, SUSPENSIONS 7 days, Awol letter, it is not right, must be somthing wrong and misconduct by management. If it is not discrimination it is must be very seriously harrassment and psychiatry violence, specially not only disability cause by job related injury but also just back to work a month and received PDI. I saw him work with stress, fear, emotion along with harrassment by the managements. As above mention, are best knowledge I know, I hope he can received the justice from EEO judge, no worker be treated by management in MPO like him in my working history and most worker in the MPO know how USPS management treated him.

Sincerely. Yours.

Witness. MEI HWA TSENG.

Witness signature. 

Date: 11/20/2022

9

12/20/2020

Pleading Submitted - Confirmation



U.S. MSPB Merit Systems Protection Board
e-Appeal Online

December 20, 2020

[My Account](#)

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[Save & Exit](#)

Submission Confirmation

Your pleading has been successfully submitted. Please select one of the following three options, or exit the application from the menu on the left.

Filer's Logon Name: CHIAO6898

Filer's Name: Mo Chiao Sung

Submission Date: 12/20/2020 12:03 PM

Confirmation Number: 1363236761

Pleading Number: 2020053254

MSPB Office: Office of the Clerk of the Board

ATTENTION: Pleadings do not always post immediately. Please do NOT resubmit if you received a confirmation.

Note: NEW Options available for addtional pleadings; see toolbar above.

[Print Confirmation Details](#)

[Print Submitted Pleading](#)

[Comments on e-Appeal](#)

D.C. 202-754-4406 X
D.C.
M.S.P.B. Main: 202-653-7200
Duet no: NY 0752 21 0021 I,
MSPB@MSPB.

M . S . P . Z .

MSPB protection board

Duct no = NY 0752-21-0021-I-1

Appellant name :mo chiao sung

12/20/2020

Appeal no:202005851

Date:11/18/2020.10:45:45am est submission

Confirmation no:210135

Submitted to New York Field Office

26 Federal Plaza room 3137-A New York, NY

10278-0022 Phone:212 264-9372 FAX212 264-1417 newyork@mspb.gov

Attn : Mrs Gwen

Dear Gwen How are you,

Thanks for your prompt response my appeal.

Basic according to my USPS working history.

I am continues retaliation, discrimination, psychiatric violence and deliberately hurting me caused my job related injury OWCP filed no :022000781 on 2000/2013/2017(due to USPS job offer violation severe damaged my previous injury aggravated and caused my new injury with gastric cancer. OWCP case no:024011782 filed on 1/19/2020.

On 7/2017 I filed recurrence due to USPS job offer violations and psychiatric violence cause my job related injury aggravated. OWCP NO 022000781 keeping me away from USPS. With totally disability medical statutes.

2/5/2020 received letter from USPS for removal without any legal documents under OWCP protection with injury worker recurrence. Additional documents as requested.

Please kindly review attached and my case. Thanks

Sincerely yours mo chiao sung 11/23/2020



Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) <i>Sung Mo Chiao</i>		1a. Email address <i>chiao6892@yahoo.com</i>	2. Social Security Number <i>080-82-7675</i>	
3. Date of birth <i>2/16/1958</i>	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone <i>1-516-605-7058</i>	6. Grade as of date of injury	Level Step
7. Employee's home mailing address (include street address, city, state, and ZIP code) <i>456 Wellington Rd Mineola NY</i>			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
City <i>NY</i>	State <i>NY</i>	ZIP Code <i>11501</i>		

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

44-65 Main St flushing.

10. Date injury occurred Mo. Day Yr. <i>1/19/2017</i>	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. <i>1/9/2020</i>	12. Employee's occupation <i>lobby director.</i>
-------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------	-----------------------------------------------------

13. Cause of injury (Describe what happened and why)

violation in job offer stress working under U.S.P.S unhuman nature, discrimination disability worker etc.

14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg) <i>Gastric cancer. after back to work 15 mo when recurrence denied. (1.5 hr in lobby but 4 P.M.)</i>	a. Occupation code
b. Type code	c. Source code
OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf Mo Chiao Sung Date 1/9/2020

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

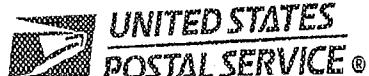
Have your supervisor complete this receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness <i>complain to M.P.O and OWCP claim examiner V Fleming,</i>	Signature of witness <i>But nothing change</i>	Date signed
Address <i>City</i>	State <i>ZIP Code</i>	<input type="checkbox"/>

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP.



EEO Complaint of Discrimination in the Postal Service
(See Instructions and Privacy Act Statement on back of form.)

1. Name Mrs Chia Sung		2. EIN or SSN if Applicant 080-82-7675	3. Case Number 4B1D-0001-20
4a. Mailing Address (Street or PO Box™) 456 Wellington Rd		4b. City, State and ZIP+4® Mineola NY 11501	
5. Email Address Chia 6398@yahoo.com		6. Home Telephone Number (1) 516 605 7058	
8. Position Title (USPS Employees Only) CNA CNA		7. Work Telephone Number ()	
9. Position Level (USPS Employees Only) 5		10. Do You Have Veteran's Preference Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and ZIP+4) m-p-o. from 2000 up to present. see attached		12. Name & Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory m-p-o. managements.	
13a. Name of Your Designated Representative Kathleen Rice Congress Women OFFICE		13b. Representative Title Mrs Keisha Secretary	
13c. Mailing Address (Street or PO Box) 229 7th Ave 300		13d. City, State and ZIP+4 Garden City NY 11530	
13e. Representative Email Address*		13f. Home Telephone Number FAX = 516 739 9731	
14. Type of Discrimination You Are Alleging (Select all that apply)		13g. Work Telephone Number 1516 739 3008	
<input checked="" type="checkbox"/> Race (Specify): <input checked="" type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify): <input type="checkbox"/> Sex (Specify Male, Female):		<input type="checkbox"/> Sex (LGBT): <input checked="" type="checkbox"/> Age (40+) (Specify Date of Birth): <input checked="" type="checkbox"/> Retaliation (Specify Protected EEO Activity): <input checked="" type="checkbox"/> Disability (Specify): <input type="checkbox"/> Genetic Information (Specify):	
15. Date on Which Alleged Act(s) of Discrimination Took Place 2000 up to present.			
16. Explain the specific action(s) or situation(s) that resulted in you alleging that you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, genetic information, disability, or retaliation for participation in a protected EEO activity. Note that <i>If your allegation is similar or related to a previous complaint, that complaint may be amended.</i> 29 C.F.R. § 1614.106(d). Please use additional pages if necessary. see attached file on 3/2/20 and 4/25/20			
I request interpreter with mandarin with any type of communication. thanks.			
17. What remedy are you seeking to resolve this complaint? Compensation for my file damaged. (wave lose, mental compensation, job offer violation cause my injury never damage ever cause my Gastric cancer, retaliation -- on Item 14.			
18. Did you discuss your complaint with an EEO Alternative Dispute Resolution (ADR) Specialist or a REDRESS Mediator? No Mrs Chia Sung. not sure.			
<input type="checkbox"/> Yes Date you received the Notice of Final Interview: <input type="checkbox"/> No		19b. Date Signed 04/17/2020	
19a. Signature of EEO ADR Specialist Daniel K Gleason		21. Date Signed 4/26/2020	
20. Signature of Complainant or Complainant's Attorney Mrs Chia Sung			



EEO Complaint of Discrimination in the Postal Service

(See Instructions and Privacy Act Statement on Reverse)

1. Name Mo-Chiao Sung	2. SSN or EIN 026-82-7675	3. Case No. 4B-110-0012-14
4a. Mailing Address (Street or P.O. Box) 456 Wellston Rd. 11365	4b. City, State and ZIP+4® NEW YORK 11365	6. Home Phone (516) 823-7761
8. Position Title (USPS Employees Only) Carrier	9. Grade Level (USPS Employees Only)	7. Work Phone (718) 221-6814
10. Do You Have Veteran's Preference Eligibility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and ZIP+4) MPO 41-65 Main at flushing NY	12. Name & Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory management Mr. Hong, Wook, Mrs Cassandra, Ricky, Wendy.	
13a. Name of Your Designated Representative Ron Orel	13b. Title CITY carrier	
13c. Mailing Address (Street or P.O. Box) 61-34 188th Room 209 Fresh Meadow NY	13d. City, State and ZIP+4 FRESH MEADOW 11365	13f. Home Phone (917) 495-4260
13e. Email Address cherry6983@yahoo.com	13g. Work Phone ()	

* Providing this information will authorize the Postal Service™ to send important documents electronically.

14. Type of Discrimination You Are Alleging	<input checked="" type="checkbox"/> Race (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify):	<input type="checkbox"/> Sex (Specify): <input checked="" type="checkbox"/> Age (40+) (Specify Date of Birth): <input checked="" type="checkbox"/> Retaliation (Specify Protected EEO Activity): <input checked="" type="checkbox"/> Disability (Specify): <input type="checkbox"/> Genetic Information (Specify):	15. Date on Which Alleged Act(s) of Discrimination Took Place MPO 41-65 Main at flushing NY 11365
16. Explain the specific action(s) or situation(s) that resulted in you alleging that you believe you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, genetic information, disability, or retaliation for participation in a protected EEO activity. Note that if your allegation is like or related to a previous complaint, that complaint may be amended. 29 C.F.R. § 1614.106(d).	① July 12/13/13 manager Mr. Hook, supervisor Ricky want to register window, this guy only do 3 hrs day ② after few days Hook gave me oral warning, 7/30/13 PDI, 10/25/13 letter warning. 11/13/13 PDI 11/20/13 7 days suspension + AWOL. When I ask for help Mr Hook said I only work 3 hrs, don't need to help. Continue to insult -- ④ Mrs Cassandra sent me home with no respect ⑤ 2/4/14 refused assignment / ⑥ 2/4/14 refused assignment /		
17. What Remedy Are You Seeking to Resolve this Complaint?	Leave me alone, respect me treat me equal as other worker not because my disability. keep my job right.		

18. Did You Discuss Your Complaint with a Dispute Resolution Specialist or a REDRESS Mediator?

Yes (Date you received the Notice of Final Interview): **1/28/14 Tues. 1:00 pm** No
Sign conf#: **2313 2760 0000 3592 6409**

B
EEO Complaint of Discrimination in the Postal Service

(See Instructions and Privacy Act Statement on Reverse)

1. Name <u>MO SUNG</u> <u>Sung Mo</u>	2. SSN 080-82-7675	Case No. 4A 110 0101 00
3. Mailing Address	4. Home Phone	5. Work Phone (218) 321-1321
6. Position Title (USPS Employees Only) <u>CARRIER</u>	7. Grade Level (USPS Employees Only) 6	
8. Installation Where You Believe Discrimination Occurred. (Identify Installation, City, State, and Zip +4) <u>FLUSHING N.Y.P.O.</u> <u>(1355)</u>	9. Name and Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory. 1) W. TAM 2) L. ROTH	
10. I designate this person to be my representative. a. Name <u>S. Deutsch</u>	Title <u>UNION NALC.</u> <u>Shop-STEWARD</u>	
Mailing Address <u>3938 ALKEN AVE.</u> <u>SEAFCRD, NY 11783</u>		
b. Home Phone	c. Work Phone (218) 321-1321	
11. Type of Discrimination Alleged <input checked="" type="checkbox"/> Race (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify):	<input type="checkbox"/> Sex (Specify): <input type="checkbox"/> Age (Specify): <input checked="" type="checkbox"/> Retaliation (Specify Prior EEO Activity): <input type="checkbox"/> Disability (Specify):	12. Date on which Alleged Act of Discrimination Took Place <u>MARCH, 2000</u>
13. Explain the specific actions or situation that resulted in your allegation(s) as to how you believe you were discriminated against. (treated differently than other employees or applicants) because of race, color, religion, national origin, sex, age, or disability. <u>ORDERED FOR UNJUSTIFIED AND UNWARRANTED RETALIATION</u> <u>2) CONTINUOUS RETALIATION</u> <u>3) ATTEMPT TO DENY FAMILY LEAVE</u> <u>4) ATTEMPT TO BE DISCIPLINED OR FABRICATED CHARGES</u> <u>5) ATTEMPT TO CHEAT ON TOP PAY LEVEL</u> <u>6) MGT'S HARASSMENT CAUSED STRESS WHICH MADE DOCTOR TREATMENT NECESSARY</u>		
Note: If your allegation is like or related to a previous complaint, that complaint may be amended. 29 C.F.R. § 1614.106(d)		
14. I have discussed my complaint with an EEO Counselor <input checked="" type="checkbox"/> Yes (Date of Final Interview) <u>6-16-2000</u> <input type="checkbox"/> No	15. Name and Signature of EEO Counselor <u>Laura M. Williams</u> <u>Laura M. Williams</u>	
16. Corrective Action Sought <u>1) TO BE MADE FINANCIALLY WHOLE</u> <u>2) COMPENSATORY DAMAGES TO BE DETERMINED</u> <u>3) TO BE TREATED WITH DIGNITY AND RESPECT</u>		
17. Signature of Complainant <u>Mo-Chiao Sung</u>	18. Date of This Complaint <u>6/17/00</u>	

